



## **The Mediator Role of Internalized Homophobia and Self-Compassion on the Link between Attachment Styles and Depression in Lesbian, Gay and Bisexual Individuals**

Zeynep Set  
*Egra Psikolojik Danışmanlık, Turkey*  
[zeynepset@gmail.com](mailto:zeynepset@gmail.com)

Ömer Faruk Şimşek  
*Istanbul Arel University, Turkey*  
[simsekof@gmail.com](mailto:simsekof@gmail.com)

Ahmet Altınok  
*Anadolu University, Turkey*  
[ahmetaltinok@anadolu.edu.tr](mailto:ahmetaltinok@anadolu.edu.tr)

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### **Abstract**

The main purpose of this study was to investigate the mediating role of internalized homophobia and self-compassion in the relationship between attachment styles and depression among lesbian, gay and bisexual individuals. The participants of the study consisted of 886 LGB individuals whose ages range from 18 to 30 ( $\bar{X}=22.73$ ,  $Sd=3.54$ ). In collecting the data, Experiences in Close Relationships Inventory (ECRI- II), Self-Compassion Scale, Internalized Homophobia Scale (for Gay and Bisexual men), Lesbian Internalized Homophobia Scale, Beck Depression Inventory and Demographic Information Form developed by the researchers were used. Within the context of the study, Structural Equation Modelling (SEM) was performed to test the proposed models and Maximum Likelihood was implemented as estimation method. In the findings of the study, it was found that internalized homophobia partially mediated the relationship between anxious attachment and depression among men whereas self-compassion didn't play a mediating role in this relationship. On the other side, an indirect effect through self-compassion and internalized homophobia appeared in the relationship between avoidant attachment and depression while another indirect effect was found in the relationship between anxious attachment and depression among women by means of only internalized homophobia. Results were discussed in the frame of relevant literature and suggestions were made.

**Keywords:** Attachment styles, internalized homophobia, LGB, self-compassion, depression

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### **1. Introduction**

Bowlby (1973; 1980; 1982) has defined attachment as “a strong will an individual feels towards a differentiated and preferred figure, who is perceived as strong and mature, to build a relationship or to seek closeness when they feel afraid, tired or sick”; (quoted from: Patterson and Moran, 1988). According to Bowlby (1973), attachment is the relationship established in infancy with the person providing basic care and it continues from cradle to the grave and this process is resistant to change (Bretherton, 1995). People develop insecure attachment styles due to negative parental experiences and it creates a risk factor in some identity disorders and mental health in childhood and adulthood (Dozier, Stovall, & Albus, 1999; Shorey & Snyder, 2006).

Depression is characterized by unhappiness, pessimism and unwillingness; surfaces itself with insecurity, lack of attention, forgetfulness, weakness and sleep disorders in the individual; it includes symptoms such as slowing down and has the risk of chronicity, is a mental illness known since the ancient ages (Metev, 2008). The negativity or dysfunctional state of automated thoughts is a product of the schemas causing depressive emotions to surface (Oei, Bullbeck, & Campbell, 2006). Depression is the case of not knowing how to escape from and get rid of painful stimuli since childhood, and the case of remaining helpless (Öztürk & Kozacıoğlu, 1998).

Homophobia is defined as irrelevant or exaggerated and unrealistic fear. Homophobia, along with fear of homosexuals or homosexual behavior, corresponds with feelings of disgust or hate, and derogatory, judgmental, accusatory and prohibitive attitudes (Fone, 2001; Quoted from Başar, Nil, & Kaptan, 2010). Internalized homophobia has a significant relationship with psychological health including depression and anxiety symptoms, substance abuse disorders and suicidal thought (Di Placido, 1998; Meyer & Dean, 1998; Williamson, 2000). Internalized homophobia of gay males and lesbians is not only based on self-doubt around sexual orientation but that it causes a general self-hatred which predicts depression (Gonsiorek & Rudolph, 1991).

Self-compassion refers to being open and sensitive to one's own pain; being kind and compassionate to oneself; displaying non-judgmental attitude against someone's incompetence and failures and knowing that individual's own experience is a part of people's common experiences (Neff, 2003a). With the help of self-compassion, negative emotions are transferred to a more positive emotional status which enables the comprehension of the current situation clearly and adopting of actions and environment that change the individual in appropriate and effective ways (Folkman & Moskowitz, 2000; Isen, 2000).

## 2. Method

This research is a descriptive study, and was conducted in accordance with the relational survey model to demonstrate the relationship between attachment styles, internalized homophobia, self-compassion and depression in LGB individuals. Two structural models were determined to be tested within the frameworks of the research. One of the models was tested on male individuals (Figure 1) and the other one was tested on female individuals (Figure 2).

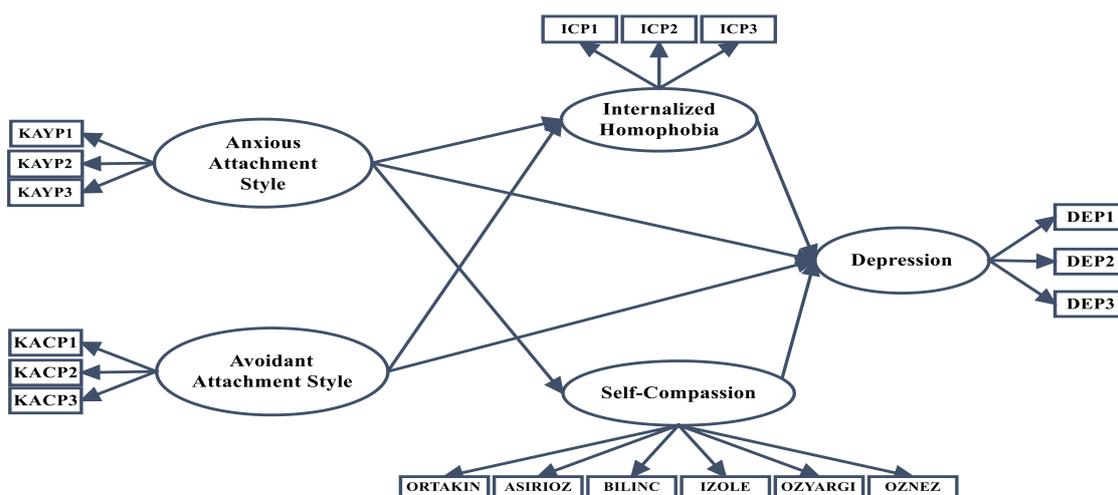


Figure 1. Structural Model for Male Individuals

Note:KAYP1-3: Three parcels from the items of Anxious Attachment Style subfactor of Attachment Styles Scale, KACP1-3: Three parcels from the items of Avoidant Attachment Style subfactor of Attachment Styles Scale, ICP1-3: Three parcels from Internalized Homophobia Scale for Gays and Bisexuals, OZNEZ: Self-kindness subfactor of Self Compassion Scale, OZYARGI: Self-judgment subfactor of Self Compassion Scale, IZOLE: Isolation subfactor of Self Compassion Scale, BILINC: Consciousness subfactor of Self Compassion Scale, ASIRIOZ: Over-identification subfactor of Self Compassion Scale, ORTAKIN: Common Humanity subfactor of Self Compassion Scale, DEP1-3: Three parcel from Beck Depression Scale

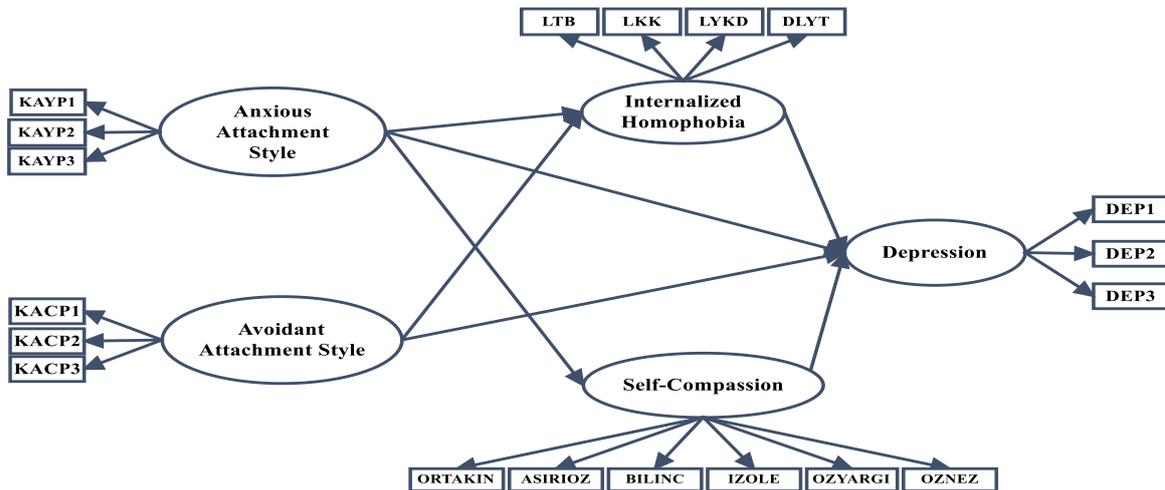


Figure 2. Structural Model for Female Individuals

Note:KAYP1-3: Three parcels from the items of Anxious Attachment Style subfactor of Attachment Styles Scale, KACP1-3: Three parcels from the items of Avoidant Attachment Style subfactor of Attachment Styles Scale, LTB: Connection with the Lesbian Community, LKK: Public Identification as a Lesbian, LYKD: Personal Feelings About Being a Lesbian, DLYT: Attitudes Toward Other Lesbians, OZNEZ: Self-kindness subfactor of Self Compassion Scale, OZYARGI: Self-judgment subfactor of Self Compassion Scale, IZOLE: Isolation subfactor of Self Compassion Scale, BILINC: Consciousness subfactor of Self Compassion Scale, ASIRIOZ: Over-identification subfactor of Self Compassion Scale, ORTAKIN: Common Humanity subfactor of Self Compassion Scale, DEP1-3: Three parcels from Beck Depression Scale

## 2.1. Study Group

The study group of the research consists of 886 LGB individuals aged 18-30, with an average age of 22.73 (sd=3.54). Of the 886 people tested within the frameworks of this research, 395 (44.6%) are women and 491(55.4%) are men. 118 (13.3%) participants define themselves as bisexual-male, 162 (18.3%) as bisexual-women, 233 (26.3%) as lesbian and 373 (42.1%) as gay.

## 2.2. Instrument

### 2.2.1. Beck Depression Scale

The Beck Depression Inventory (BDI) developed by Beck in 1961, rates the somatic, emotional, cognitive and motivational symptoms that are observed during depression. The inventory contains 21 symptom categories. The highest acquirable point is 63. If the total score is high, it means the level of depression is high. Turkish adaptation of the inventory was done by Buket Tegin in 1980. In the study conducted about the reliability of the Turkish version, the two half test reliability coefficient of the scale was found .78 for students and .61 for depressive patients. For this research, the internal consistency coefficient of the Beck Depression Inventory was calculated as .62.

**2.2.2. Attachment Styles Scale (ECRS II)**

In Turkey, the validity and reliability study of the scale, developed by Fraley and Shaver (2000), was done by Selçuk et al. (2005). In the scale, there are a total of 36 articles in Likert-type septet scale, from which 18 are anxiety and 18 are avoidance sub factors. It is said that as the score obtained from the scale increases, avoidant attachment or attachment anxiety also increases. While the Cronbach alpha coefficient of the avoidance subscale is .90, that of the anxiety subscale is .86. In this research, while the internal consistency coefficient of the anxiety subscale of the Attachment Styles Scale is .85, for avoidance subscale it is .72 and for the overall scale it was calculated as .78.

**2.2.3. Self-compassion Scale**

The Turkish adaptation and the validity and reliability study of the Self Compassion Scale (SCS), developed by Neff (2003b), were done by Deniz et al. (2008). If the total score acquired in the original scale, prepared to measure the features of the self-compassion structure, is high, then the level of self-compassion is high. The self-compassion scale, consisting of 26 articles, consists of 6 subscales: self-kindness, self-judgment, common humanity, isolation, consciousness and over-identification. In the Turkish Self-Compassion Scale, researches have obtained a scale consisting of 24 articles, by removing 2 articles (1st and 22nd) that were below .30 in the total article correlation, because the original scale showed a one-dimensional structure.

Also they have calculated the internal consistency coefficient as .89 and the follow-up test correlation as .83. For this research, the internal consistency coefficients of the Self-Compassion Scale are; .57 for the Self-kindness subscale, .60 for the Self-judgment subscale, .61 for the Common Humanity subscale, .57 for the Isolation subscale, .61 for the consciousness subscale, .62 for the Over-identification subscale and .81 for the overall of the scale.

**2.2.4. Internalized Homophobia Scale for Gays and Bisexuals**

The internalized homophobia scale was developed by Herek et al. in 1997. The Turkish validity and reliability study of the internalized homophobia scale was done by Gençöz and Yüksel (2006). The internalized homophobia scale determines the level of discomfort in homosexual individuals regarding their sexual orientations. While the original scale consisted of 9 articles, one article was added to the Turkish version. All articles are rated between 1 (I strongly disagree) and 5 (I agree completely) with a Likert-type scale of 5. The internal consistency coefficient of the scale was declared as .82. The internal consistency coefficient of the scale for this research was calculated as .62.

**2.2.5. Internalized Homophobia Scale for Lesbians**

The scale, developed by Szymanski and Chung (2001) to measure the internalized homophobia levels of lesbians, consists of 52 articles and 5 subscales. Connection with the Lesbian Community - CLC subscale, Public Identification as a Lesbian- PIL subscale, Personal Feelings About Being a Lesbian - PFABL subscale, Moral and Religious Attitudes Toward Lesbianism - MRATL subscale and Attitudes Toward Other Lesbians - ATAL subscale. High scores acquired from the scale indicate high levels of internalized homophobia of the individual. Szymanski and Chung (2001) have found the Cronbach alpha internal consistency coefficients of the subscales as .87, .92, .79, .74 and .77, respectively. Turkish adaptation of the scale and the testing of the psychometric features of the Turkish form were done by Öztürk and Kındap (2011). The internal consistency coefficients of the scale are as follows: .91 for the Connection with the Lesbian Community subscale, .91 for the Public Identification as a Lesbian subscale, .88 for the Personal Feelings about Being a Lesbian and the Moral and Religious Attitudes toward Lesbianism subscale and .78 for the Attitudes Toward Other Lesbians subscale. The internal consistency coefficients of the scale for this research were calculated as follows: .71 for the Connection with the Lesbian Community subscale, .69 for the Public Identification as a Lesbian subscale, .73 for

the Personal Feelings about Lesbianism and .74 for the Attitudes Toward Other Lesbians subscale and as .79 for the overall of the scale.

### **2.3. Data Analysis**

The individuals in the study group were contacted in 2015 by Turkish LGBTI Organization, Pembe Caretta LGIBTQ Organization, Mor El Eskisehir LGIBT Organization, Lesbian Support Network, Lamda İstanbul Organization, Mersin LGBT 7 Renk Organization, İzmir LGBT-Support/Communication Organization, Afyon LGBT Organization, Dersim Rojtia LGBT Organization, Samsun Kizil Okyanus LGBTI Organization, Erzincan LGBTI Organization, Kocaeli LGBT Organization, LGBT News Organization and through participants of these organizations in other cities in Turkey. The filling of the data collection form was observed to be ca. 15 minutes.

Lisrel 9.1 and IBM SPSS Statistic 21 package programs were used to analyze the collected data. Structural Equation Modeling (SEM) was used to test the two models determined within the frameworks of the research. Maximum Likelihood Method was applied as an estimation method in structural equation modeling. The level of significance was determined as .05 in the statistical operations within the frameworks of the research. A two-step approach was adopted in testing the structural model. According to this approach, measurement model of the model and structural models are tested separately (Şimşek, 2007). Before the hypothetical models, which were aimed to be tested within the frameworks of the research, the linearity relationship between variables was evaluated, which is one of the preconditions for the structural equation modeling. It was determined that all the correlation values, regarding implicit values, are below .80.

## **3. Findings**

### **3.1. Descriptive Statistics Regarding the Observed Variables in Structural Models to be tested within the Frameworks of the Research**

When the descriptive statistics regarding the observed variables were examined while the structural models were being tested, which were determined within the frameworks of the research, it was seen that the deviation values are within the multivariable normality criteria, ranging between -.02 and 1.59; and the kurtosis values between -.02 and 4.59. The deviation value not being greater than two and the kurtosis value not being greater than seven, is taken as a criterion in multivariable normality assumptions (Çokluk et al., 2012; 169).

### **3.2. Measurement Model Information Regarding the Overall Study Group**

Two structural models were determined to be tested within the frameworks of the research (Figure 1 and Figure 2). In the models, being tested within the frameworks of the research, “Anxious Attachment” and “Avoidant Attachment” subscales of the Attachment Styles Scale were taken as implicit variables, which is used to measure attachment styles. Therefore, three parcels each were assigned with the parceling model to all subscales of this scale. Total scores taken from each subscale of the Self-Compassion Scale, which was used to determine the self-compassion levels of the participants within the frameworks of the research, were taken into models as an observed variable of the “self-compassion” implicit value. Also, the total scores taken from each subscale of the Internalized Homophobia Scale for Lesbians, which was used to determine the internalized homophobia levels of the female participants, were taken into models as an observed variable of the “internalized homophobia” implicit value. In the research, because the Beck Depression Inventory has a one-dimensional structure, three parcels were assigned to the parceling method for the “depression” implicit variable. Again, because the “Internalized Homophobia Scale for Gays and Bisexuals”, which was used to determine the internalized homophobia levels of the male participants, has a one-dimensional structure, three parcels were assigned in the analyses for male individuals with the “internalized homophobia” implicit variable. Tests were first conducted on males and then on females

### 3.2.1. Testing the Measurement Model on Male Individuals

Because a two-step approach was adopted for testing the models, the scale model regarding the model was tested before testing the structural model (Figure 1), which was determined to be tested on the male individual. The fit values of the scale model, formed as a result of the analyses are as follows:  $\chi^2/sd$  (293.14/125) = 2.35, RMSEA (90% confidence interval= 0.044; 0.060) = .052, NFI= .91, NNFI= .93, CFI= .94, GFI= .94, AGFI= .92 and SRMR= .043 and when the goodness of fit values regarding the model are examined, it can be stated that the scale model regarding the model fitted well with the data. When the scale model of the structural model was tested, which was chosen to test on male individuals, correlations regarding implicit values were obtained. The obtained correlation values are presented in Table 1.

**Table 1. Correlations Among the Latent Variables for The Structural Model (Male Individuals)**

Latent Variables	1	2	3	4
1. Anxious Attachment Style	-			
2. Avoidant Attachment Style	.54*	-		
3. Internalized Homophobia	.63*	.35*	-	
4. Self-Compassion	-.37*	.06	-.33*	-
5. Depression	.55*	.23*	.64*	-.32*

\*p<.01

When the correlation values given in Table 1 are examined, it is seen that except the link between self-compassion and avoidant attachment, all links are statistically significant. While the highest link between implicit values is observed in the positive way and in high levels between internalized homophobia and depression ( $r=.64$ ,  $p<.01$ ), the lowest significant link is observed in the positive way and in low levels ( $r=.23$ ,  $p<.01$ ) between avoidant attachment and depression. The correlations between the observed variables in the structural model, which was aimed to be tested on the male individual, are given in Table 2.

### 3.2.2. Testing the Structural Model on the Male Individuals

Because the link between avoidant attachment and self-compassion was determined to be statistically non-significant ( $\beta=.06$ ,  $p>.05$ ) (Table 1) in the scale model test, the path from avoidant attachment to self-compassion in the structural model test is discarded. The conformity values, obtained as a result of the conducted analysis are as follows:  $\chi^2/sd$  (313.97/127) = 2.47, RMSEA (90%confidence interval= 0.047; 0.062) = .055, NFI= .90 NNFI= .93, CFI= .94 GFI= .94, AGFI= .92 and SRMR= .048 and when the conformity values regarding the model are examined, it can be stated that the model shows good fit with the data.

The standardized path coefficients regarding the model obtained as a result of the analysis are given in Figure 3. When the analysis results are examined, it is observed that the path coefficients from avoidant attachment to internalized homophobia ( $\beta=.02$ ,  $p>.05$ ) and to depression ( $\beta= -.08$ ,  $p>.05$ ) are statistically non-significant. It was determined that the path coefficient from self-compassion to depression ( $\beta= -.10$ ,  $p>.05$ ) is also statistically non-significant.

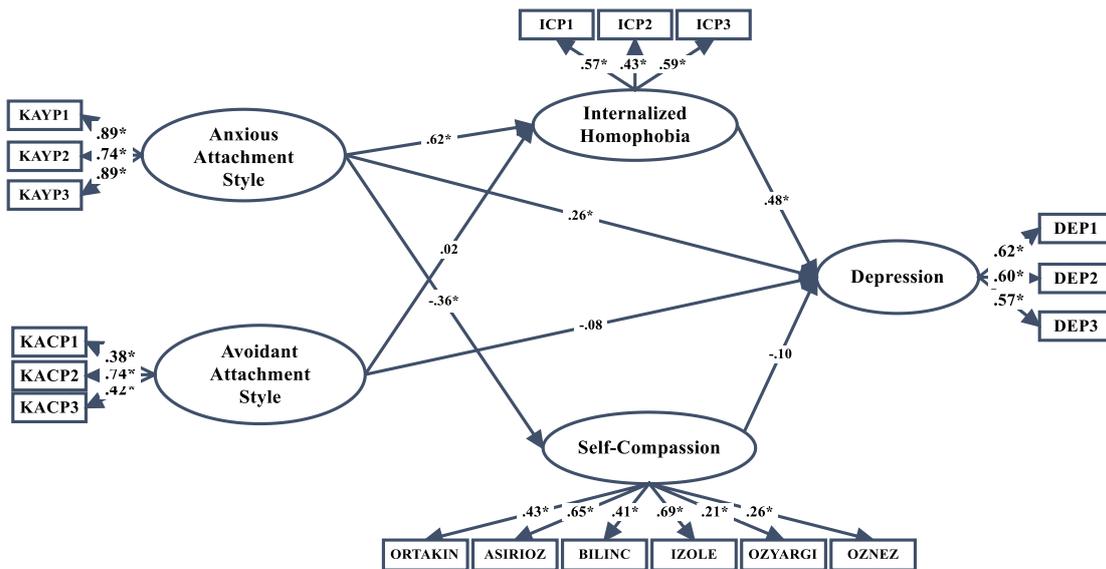


Figure 3. The standardized path coefficients calculated in the structural model in male individuals

According to the results of the structural model analysis, it can be concluded that anxious attachment predicts internalized homophobia ( $\beta = .62, p < .05$ ), self-compassion ( $\beta = -.36, p < .05$ ) and depression ( $\beta = .26, p < .05$ ) significantly; in addition to this, internalized homophobia predicts depression ( $\beta = .48, p < .05$ ) significantly.

### 3.2.3. Mediation Test for Structural Model on Male Individuals

Within the frameworks of the research, the mediator effects of self-compassion and internalized homophobia were tested, which are taken into account as mediator variables. In the research, nested models strategy was used for testing the mediator effects. The final version of the model, after the statistically non-significant paths are discarded from the model, is given in Figure 4.

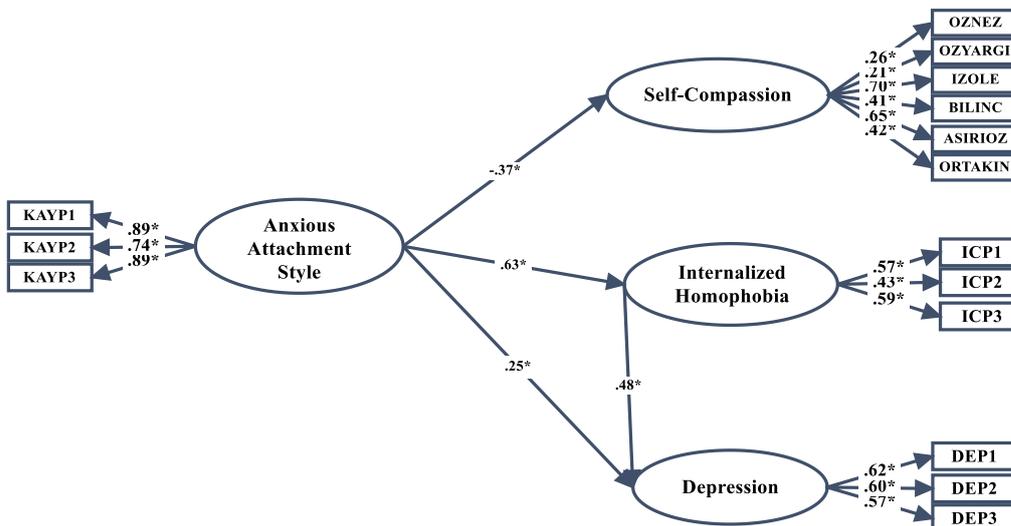


Figure 4. Model tested on male individuals (Revised)

The goodness of fit values in the model, tested after the statistically non-significant paths are discarded from the model are as follows:  $\chi^2/sd (187.61/86) = 2.18$ , RMSEA (90% confidence interval = 0.039; 0.059) = 0.049, NFI = .93, NNFI = .95, CFI = .96, GFI = .95, AGFI = .94 and SRMR =

.047 and when the goodness of fit values regarding the model are examined, it can be seen that the model shows good fit with the data. According to the nested models strategy, testing the mediation effect is based on the determination of the deterioration or improvement of the model, by discarding or adding mediation-related paths, with the Chi-squared difference test. The deterioration in the model was evaluated by discarding the path from anxious attachment to depression, to test the mediator role of internalized homophobia on the link between anxious attachment and depression. After the path from anxious attachment to depression was discarded from the model, the fit values were determined to be as follows;  $\chi^2$  (87, N = 491) = 193.24,  $p < .01$ ;  $\chi^2/sd = 2.22$ ; RMSEA = .050 (for RMSEA 90% confidence interval = .040-.059); NFI = .93; NNFI = .95; CFI = .96; GFI = .95; AGFI = .93; SRMR = .048. According to the results of the chi-squared difference test it was determined that, discarding the path from anxious attachment to depression has led to a significant deterioration in the model (5.62, 1:  $p < .05$ ). In this case, the model was accepted as in Figure 4; as a partial mediator model. As a result, the link between anxious attachment and depression has declined from .57 to .25. Thus, it can be stated that internalized homophobia has a partial mediator effect on the link between anxious attachment and depression. The link between anxious attachment and depression is realized directly and also over internalized homophobia.

Examining the total variance values, explained in the model, it was determined that the variance, anxious attachment explains on the internalized homophobia variable, is .40, and the variance it explains on the self-compassion variable is .14. Also the variance, explained by anxious attachment and internalized homophobia on the depression variable, was determined as .45.

### 3.3.1. Testing the Measurement Model on Female Individuals

The scale model regarding the model was tested before the structural model (Figure 2), determined to be tested on female individuals, was tested. The fit values of this model, obtained as a result of the analysis, are as follows,  $\chi^2/sd$  (376.65/142) = 2.65, RMSEA (90% confidence interval = 0.057; 0.073) = .06, NNFI = .90, CFI = .92, GFI = .90, AGFI = .87 and SRMR = .061 and when the goodness of fit values regarding the model are examined, it can be stated that the scale model regarding the model shows good fit with the data. When the scale model regarding the structural model, that was determined to be tested on the female individuals, was tested, the correlation values regarding the implicit variables are given in Table 3.

**Table 3. Correlations Among the Latent Variables for The Structural Model (Female Individuals)**

Latent Variables	1	2	3	4
1. Anxious Attachment Style	-			
2. Avoidant Attachment Style	.67**	-		
3. Self-Compassion	-.22**	-.40**	-	
4. Internalized Homophobia	.30**	.51**	.24**	-
5. Depression	.39**	.39**	-.13	.19*

\* $p < .05$ , \*\* $p < .01$

When the correlation values given in Table 3 are examined, it is seen that except the link between self-compassion and avoidant attachment, all links are statistically significant. While the highest link between implicit values is observed in the positive way and in high levels between anxious attachment and avoidant attachment ( $r = .67$ ,  $p < .01$ ), the lowest significant link is observed in the positive way and in low levels ( $r = .19$ ,  $p < .05$ ) between internalized homophobia and depression. The correlations between the observed variables in the structural model, which was aimed to be tested on the female individual, are given in Table 4.

**Table 2. Correlations Among Observed Variables for The Structural Model (Male Individuals)**

	KAYP1	KAYP2	KAYP3	KACP1	KACP2	KACP3	ICP1	ICP2	ICP3	OZNEZ	OZYRGI	IZOLE	BILINC	ASIRIOZ	ORTAKIN	DEP1	DEP2
Anxious Attachment Style																	
KAYP1	-																
KAYP2	.77**	-															
KAYP3	.84**	.79**	-														
Avoidant Attachment Style																	
KACP1	.11*	.08	.07	-													
KACP2	.30**	.42**	.28**	.23**	-												
KACP3	.16**	.03	.15**	.15**	.30**	-											
Internalized Homophobia																	
ICP1	.32**	.32**	.34**	.13**	.10*	.06	-										
ICP2	.28**	.29**	.26**	.01	.15**	.06	.29**	-									
ICP3	.32**	.31**	.32**	.08	.15**	.12**	.34**	.24**	-								
Self-Compassion																	
OZNEZ	.01	-.05	-.01	.02	-.05	-.05	-.17**	-.09	-.11*	-							
OZYRGI	-.01	-.01	-.01	-.04	-.02	.01	.05	-.02	-.02	.25**	-						
IZOLE	-.21**	-.27**	-.36**	-.01	.02	.01	-.19**	-.06	-.18**	.19**	.14**	-					
BILINC	-.08	-.11*	-.22**	.01	.07	.02	-.04	-.07	-.05	.09	.07	.29**	-				
ASIRIOZ	-.17**	-.21**	-.31**	.04	.07	.06	-.08	-.08	-.10*	.11*	.11*	.46**	.29**	-			
ORTAKIN	-.08	-.09	-.15**	.05	.08	-.07	-.07	-.09*	-.07	.14**	.10*	.28**	.15**	.32**	-		
Depression																	
DEP1	.29**	.27**	.31**	.04	.07	.06	.22**	.09	.29**	-.08	-.01	-.14**	-.11*	-.06	-.18**	-	
DEP2	.34**	.32**	.33**	.02	.10*	.07	.19**	.10*	.29**	-.05	-.04	-.16**	-.14**	-.07	-.09*	.37**	-
DEP3	.27**	.24**	.30**	.06	.08	.08	.20**	.10*	.28**	-.04	-.07	-.13**	-.12**	-.12*	-.10*	.36**	.33**

\*p&lt;.05, \*\*p&lt;.01

### 3.3.2. Testing the Structural Model on the Female Individual

Because in the scale model test, the link between depression and self-compassion was determined to be statistically non-significant ( $r = .13, p > .05$ ) (Table 3), in the structural model test the path from self-compassion to depression is discarded. The goodness of fit values, obtained as a result of the conducted analysis are as follows:  $\chi^2/sd$  ( $376.93/144$ ) = 2.62, RMSEA (90% confidence interval = 0.056; 0.072) = .064, NNFI = .90, CFI = .92, GFI = .90, AGFI = .87 and SRMR = .061 and when the goodness of fit values regarding the model are examined, it can be stated that the model shows good fit with the data. The standardized path coefficients regarding the model obtained as a result of the analysis are given in Figure 5.

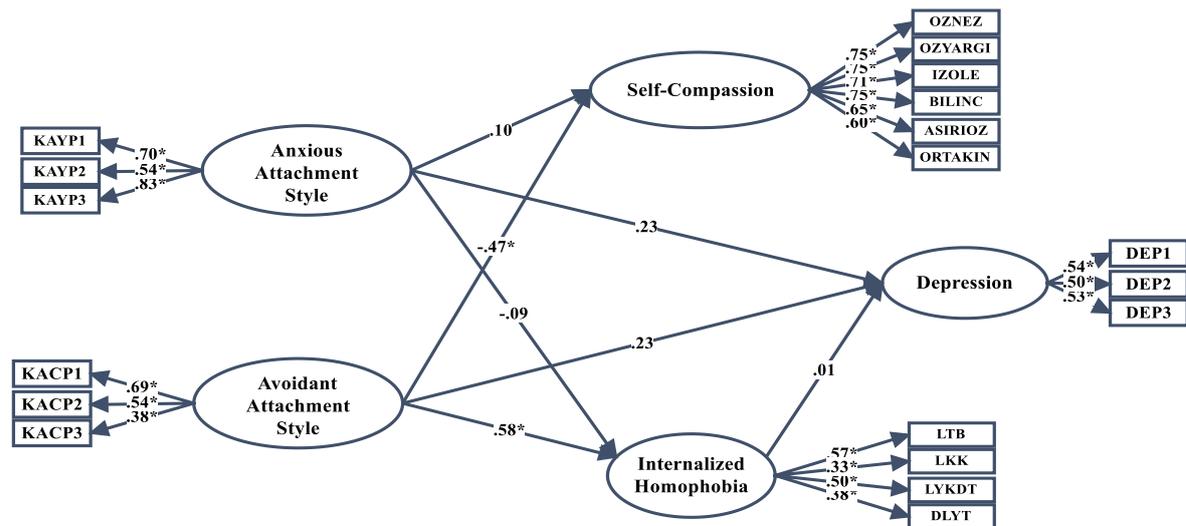


Figure 5. The standardized path coefficients calculated in the structural model in female individuals

When the analysis results are examined, it is observed that the path coefficients from anxious attachment to internalized homophobia ( $\beta = -.09, p > .05$ ), to self-compassion ( $\beta = .10, p > .05$ ) and to depression ( $\beta = .23, p > .05$ ); and from avoidant attachment to depression ( $\beta = .23, p > .05$ ) are statistically non-significant. It was determined that the path coefficient from internalized homophobia to depression ( $\beta = .01, p > .05$ ) is also statistically non-significant.

According to the structural model analysis, it can be expressed that in female individuals (lesbian and bisexual women), avoidant attachment significantly predicts internalized homophobia ( $\beta = .58, p < .05$ ) and self-compassion ( $\beta = -.47, p < .05$ ). In this case, according to the analysis results, the fact that internalized homophobia and self-compassion variables, that are taken into account as a mediator variable in the model, do not show significant links with the dependent variable, does not allow the mediation test to be conducted. It can be stated that self-compassion and internalized homophobia have no mediator effects in female individuals (lesbian and bisexual women).

### 3.3.3. Alternative Model (Female Individuals)

After the model is tested, determined for the female individuals, the model was revised by discarding non-significant paths on the model and the final version is given in Figure 6.

**Table 4. Correlations Among Observed Variables for The Structural Model (Female Individuals)**

	KAYP1	KAYP2	KAYP3	KACP1	KACP2	KACP3	LTB	LKK	LYKDT	DLYT	OZNEZ	OZYARGI	IZOLE	BILINC	ASROZ	ORTKIN	DEP1	DEP2
<b>Anxious Attachment Style</b>																		
KAYP1	-																	
KAYP2	.47**	-																
KAYP3	.59**	.51**	-															
<b>Avoidant Attachment Style</b>																		
KACP1	.35**	.34**	.50**	-														
KACP2	.24**	.09	.29**	.42**	-													
KACP3	.01	-.15**	.08	.28**	.35**	-												
<b>Internalized Homophobia</b>																		
LTB	.09	.01	.17**	.24**	.12*	.24**	-											
LKK	.12*	.11*	.19**	.17**	.08	.23**	.21**	-										
LYKDT	.08	.12*	.15**	.12*	.08	.12*	.32**	.21**	-									
DLYT	.03	-.05	.05	.12*	.09	.17**	.20**	.24**	.21**	-								
<b>Self-Compassion</b>																		
OZNEZ	-.16**	-.15**	-.24**	-.33**	-.39**	-.23**	-.14**	-.14**	-.12*	-.07	-							
OZYARGI	-.13*	-.09	-.19**	-.32**	-.33**	-.24**	-.14**	-.09	-.11*	-.06	.71**	-						
IZOLE	-.04	-.18**	-.15**	-.07	-.08	.12*	-.06	-.06	-.09	.03	.53**	.51**	-					
BILINC	-.02	-.06	-.12*	-.15**	-.24**	-.08	-.13*	-.06	-.12*	.02	.61**	.59**	.58**	-				
ASIRIOZ	.01	-.10*	-.12*	-.01	-.03	.05	-.07	.01	-.14**	-.03	.48**	.44**	.56**	.54**	-			
ORTAKIN	-.06	-.10*	-.13**	-.09	-.14**	-.04	-.03	-.03	-.11*	-.02	.48**	.48**	.46**	.44**	.45**	-		
<b>Depression</b>																		
DEP1	.16**	.16**	.19**	.16**	.17**	.14**	.10*	.11*	-.01	.05	-.11*	-.09	-.03	-.06	.02	-.05	-	
DEP2	.06	.05	.17**	.09	.12*	.11*	.11*	.09	.08	.1	-.03	-.02	.04	-.01	-.02	-.06	.27**	-
DEP3	.16**	.13**	.19**	.17**	.08	-.01	.05	-.02	-.01	-.13**	-.13*	-.11*	-.09	-.08	-.1	-.09	.29**	.30**

\*p&lt;.05, \*\*p&lt;.01

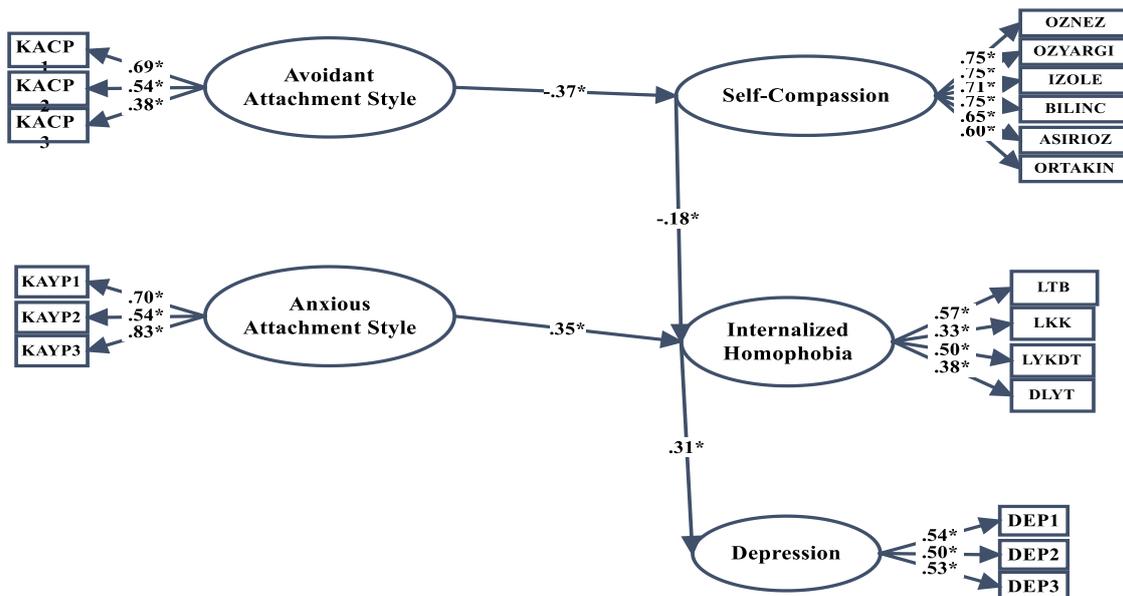


Figure 6. Structural model in female individuals (Revised) \* $p < .01$

The goodness of fit values regarding the model are as follows:  $\chi^2/sd$  (409.37/147) = 2.78, RMSEA (90% confidence interval = 0.056; 0.072) = .067, NNFI = .90, CFI = .91, GFI = .90, AGFI = .86 and SRMR = .069 and when the goodness of fit values regarding the model are examined, it can be stated that the model shows good fit with the data. According to the analysis results, an indirect link can be mentioned between anxious attachment and depression due to internalized homophobia. Anxious attachment and internalized homophobia ( $\beta = -.35$ ,  $p < .05$ ), internalized homophobia and depression ( $\beta = .31$ ,  $p < .05$ ). A two-step indirect effect may be mentioned between avoidant attachment and depression; the link between avoidant attachment and self-compassion ( $\beta = -.37$ ,  $p < .05$ ), the link between self-compassion and internalized homophobia ( $\beta = -.18$ ,  $p < .05$ ) and the link between internalized homophobia and depression ( $\beta = .31$ ,  $p < .05$ ). It is also possible to mention an indirect link between avoidant attachment and internalized homophobia via self-compassion. Examining the variance values explained in the model, it was determined that the variance explained by avoidant attachment on the self-compassion variable is .14, the variance explained by internalized homophobia on the depression variable is .10 and the variance explained by self-compassion and anxious attachment on the internalized homophobia variable is .19

#### 4. Discussion and Conclusion

In this study, it was observed in gay and bisexual male individuals that internalized homophobia had a partial mediator effect on the link between anxious attachment and depression; and even though anxious attachment predicted self-compassion in a negative way, it was observed that self-compassion had no mediator effect on depression. The results of the study on lesbian and bisexual female individuals have shown that there is a two-step indirect effect between avoidant attachment and depression; the link between avoidant attachment and self-compassion, self-compassion and internalized homophobia and internalized homophobia and depression. In this study, it was also found that there is an indirect link between avoidant attachment and internalized homophobia via self-compassion.

When the literature is examined, it can be seen that similar results were also obtained in a study conducted by Raque-Bogdan et al. (2011). In the study conducted by Raque-Bogdan et al. (2011) on heterosexual females and males; a lower self-compassion was observed in individuals with high attachment anxiety and avoidance. Another study to support the conclusions of the current research is the study conducted by Neff and Mc Gehee (2010). In their study, they have found

that secure attachment determines the extent of the level of self-compassion in adults. Furthermore, self-compassion has a mediator effect on basic support, which is perceived partially as the determinant of wellbeing, family relations and secure attachment. And according to another study, activating the self-compassion, self-soothing and attachment systems when experiencing a personal incompetence, helps in lowering anxiety and isolation feelings (Gilbert & Irons, 2005). In a study conducted by Pepping, Davis, O'Donovan and Pal (2015), it was claimed that high rates of rejection, over-protectiveness and not so warm parenting in childhood predicts low self-compassion and that attachment anxiety is a mediator in these relationships. It was also stated in the study that increasing the level of trust in the attachment led to an increase in self-compassion. The results of the research conducted by Wei, Liao, Ku, & Shaffer (2011), have supported the theoretical prediction of the negative link between anxious attachment and self-compassion. In their study where they have investigated the first memories about positive emotions and the link between this and attachment styles, self-compassion and psychopathology in adolescents, Cunha, Martinho, Xavier and Espírito-Santo (2013), have found that there is a link between remembering emotional memories from childhood and self-compassion and emotion arrangement processes. The results of another study conducted by Asano et al. (2012); have shown that there are links between secure and avoidant attachment styles with self-compassion; and ambivalence and irregular attachment styles with self-hatred.

In their study conducted on a group of women college students, Kelly and Dupasquier (2016) have found that the recalled warmth of parents is indirectly linked to self-compassion in a higher capacity (high self-compassion, fear of low self-compassion), experiencing understanding (high level of social support, fear of low level of social support), general emotional experiences and especially to social trust emotions. The study, Mario, Mikulincer, Shaver, Gillath and Nitzberg (2005) have conducted, has shown that attachment-related psychological anxiety and avoidance effect self-compassion, personal trouble and prosocial behavior negatively and in ways that are theoretically predicted. The results of the study conducted by Greene and Britton (2015) on adult LGBTQ individuals, using the attachment theory, have confirmed that self-compassion played a privileged mediator role on the link between childhood affirmation, personal control and adult happiness and also personal control had a significant contribution in predicting happiness.

The current study has shown that there is an indirect link between avoidant attachment and internalized homophobia via self-compassion in lesbian and bisexual woman individuals. Heterosexism is persistent about believing that heterosexuality is the only normal and moral way of life and thus evaluate lesbian, gay and bisexual individuals' orientations as negative and undesirable. Negative emotions such as "among with fear of being noticed, getting rejected or homosexuality-induced discomfort, low self-esteem, over-praising homosexuality or rejecting all heterosexuals or rage against all heterosexuals", unveil internalized homophobia (Crews, 2012).

Sexual minorities may be forced to deal with their stigmatized identities every day. As the research advance, it is observed that theoreticians start to see specific problems about LGB individuals and conduct studies to understand and conceptualize the progress of individuals as they develop their personalities as lesbian, gay and bisexual. Self-compassion is "the person being open-hearted to one's own negative sides and experiences and this increases emotional stability and psychological wellbeing" (Neff, 2004: 28). Being more self-compassionate may be a helpful tool for the individual in establishing the LGB identity. Self-compassion may help the individual in establishing a positive identity by: being kind to oneself when a feeling of failure is experienced (self-kindness); understanding that one's own experiences are a part of people's experiences (common humanity); being able to keep experienced painful feelings and thoughts in a level of balanced awareness (mindfulness). This self-kindness is self-compassion (Crews, 2012). Looking at the literature, internalized homophobia is defined as a new concept, formed due to troubles the individual experiences during psychological health and identity development (Crews, 2012). In the study he conducted, Crews (2012) alongside with reporting that self-compassion effects

internalized homophobia directly; he also emphasizes the formation of internalized homophobia and the significance of self-compassion in dealing with it. The results of the research conducted by Chandler (2013) coincide with the results of this study. Chandler (2013) has investigated, via self-compassion-induced groups, whether self-compassion is effective in reducing self-stigmatization, negative mood and fear of negative evaluation. The results of the research have shown that a continuous self-compassion reduced self-stigmatization, fear of negative evaluation and negative mood; and had a significant effect on predicting the increase in positive mood. It is thought that there are few studies regarding the link between self-compassion, and internalized homophobia shows the strong side of this study and that it will be a contribution to filling the gap in the literature.

Some studies in the literature have shown that in comparison to men, women have less self-compassion and women judge themselves more than men; women are more prone to feeling lonely when faced with a painful situation and that they experience more over-identification (Neff, 2003a, quoted from, Tatlıoğlu & Deniz, 2010). This may result from the fact that individuals of different biological genders go through different socialization processes. In our culture, while forgiveness, being more acceptant and flexibility are seen as women-specific features; hiding one's emotions is seen as a men-specific feature.

In Yarnell et. al.'s (2015) meta-analysis study, where self-compassion is evaluated as differentiating according to genders, a total of 88 studies; 71 articles and 17 dissertations were evaluated. In the study, it was reported that men have a little bit more self-compassion than women. The results of the research emphasized that the difference between is little. Even though the fact that no sexual orientation-related discrimination was done in the study, when the studies are evaluated it is seen that they were conducted on heterosexual individuals. In another study, it was determined that being a lesbian predicted subjective wellbeing in a positive way (Greene and Britton, 2015). Subjective wellbeing is a self-compassion-related variable, and this may be evaluated as a finding supporting the fact that lesbian individuals have higher self-compassion.

When the literature is investigated within this framework, it was reported that in heterosexual individuals, women have lower general self-compassion (Neff, Hsieh, & Dejitterat, 2005; Neff & Mc Gehee, 2010; Neff, 2003; Raes, 2010; Yarnell & Neff, 2013). In the light of these results, it may be stated that sexual orientation has a determinant role. Besides, it is also seen that there are studies where it was determined that self-compassion is not differentiated according to the genders (Iskender, 2009; Neff, Kirkpatrick, & Rude, 2007; Neff, Pisitsungkagarn, & Hsieh, 2008; Neff & Pommier, 2013).

When evaluated generally, the gender dependent difference of self-compassion in LGB individuals is not the case with heterosexual individuals. This may result from the internalized reaction of different attitudes towards two men being together and two women being together. Because in the literature it is stated that dominant gender norms are related to low self-compassion (Reilly, Rochlenand, & Awad, 2014). Hence, it is clear that more studies need to be conducted about the differentiation of self-compassion in the context of sexual orientation.

When the related literature is investigated, it is seen that the studies of Pielage, Gerlsma and Schaap (2000) are of supportive nature of the results of this study. Pielage, Gerlsma and Schaap (2000) have investigated whether insecure attachment is a mediator variable between stress and psychopathology (carrier) or whether it is a causal variable leading to psychopathology by increasing stress (independent). These researchers have found that insecure attachment pattern is more of a causal factor than a mediator variable; and that in fact stressful incidents mediate on the link between attachment styles and psychopathology. The results of the studies regarding the link between attachment styles and depression is of a confirming nature of the results of this study; and while they are linked to insecure attachment styles such as anxious/ambiguous attachment

anxiety disorders and depressive disorders, they are linked to avoidant attachment behavior disorder and other extroverted pathologies (Kesebir, Kavzoğlu, & Üstündağ, 2011). The study conducted by Cole-Detke and Kobak (1996) on psychiatric diagnosis groups also supports the results of this study. Cole-Detke and Kobak (1996) have found that individuals who attach anxiously are diagnosed more with depression or show more symptoms of depression when compared to individuals who attach securely or avoidant. Another study in the literature with similar results to this study, has shown that attachment anxiety is linked to susceptibility to depression due to such features as negative identity model (low self-esteem) and needing constant approval from others (Simpson et al., 2003).

When the studies in the literature are examined, it is seen that results about attachment styles show variability. For example, Ridge and Feeney (1998) have stated that anxious attachment level is higher in gays and bisexuals when compared to lesbians and bisexual women; and that avoidant attachment is higher in lesbian and bisexual women when compared to gay and bisexual men.

In another study, conducted on a small group of individuals: 46 gays and 41 lesbians, it was stated that anxious attachment is higher in gays when compared to lesbians and that the difference between is statistically non-significant (Craft, Serovich, Mc Kenry, & Lim, 2008). In another study, conducted on lesbian and gay individuals, it was determined that attachment styles did not differ according to gender (Harris, 2012). When the resources in the literature are examined, it is seen that attachment styles are examined only in gay or lesbian individuals. For example, in a study conducted on 121 gay individuals, Elizur and Mintzer (2003) have stated that relationship satisfactions of gays in a relationship with the same sex is similar to heterosexual couples and also that they are similar in attachment styles. Viewed from this point, it was put forth that gay individuals do not show a differentiation from the general individuals regarding attachment styles. Wells and Hansen (2003) have conducted a study on lesbian individuals, and have examined the link between internalized shame, lesbian identity integration and attachment styles. The researchers have emphasized that high levels of secure attachment are linked to low levels of shame; alongside with fearful or obsessive attachment, high levels of avoidance are linked to high levels of shame. Peplau, Cochran, Rook, and Padesk (1978) have stated that lesbians who spend time with their partners show secure attachment due to the closeness and satisfaction in the relationship; and that they have significantly differentiated from lesbians who care about autonomy.

Besides this, results from some of the studies conducted on general subjects show that men attach in an avoidant nature whereas women attached more anxiously (Bartholomew & Horowitz, 1991; Feeney, 1999). In this context, more studies need to be conducted in this field in order to obtain consistent results about how attachment works for genders.

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